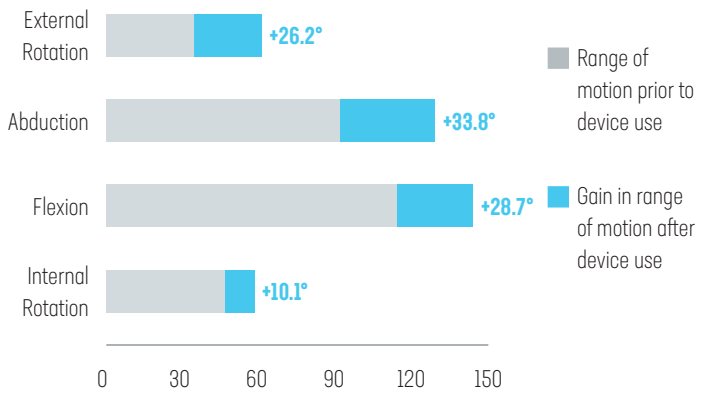
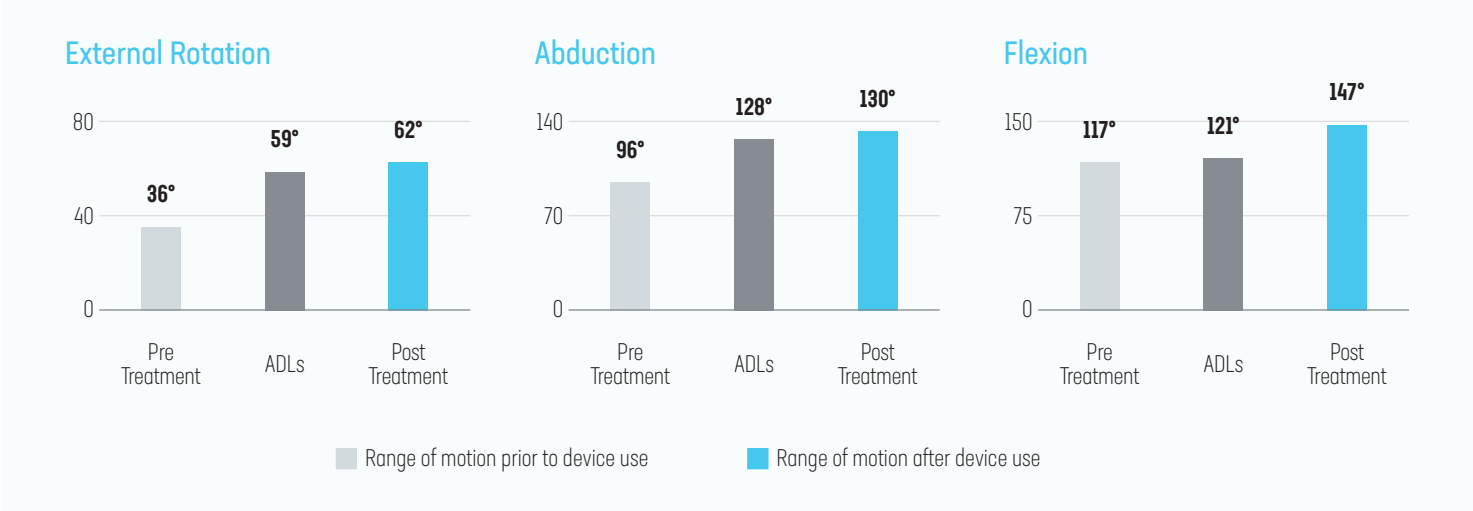
Shoulder Flexionater

- Restores the ability to perform activities of daily living
- Clinically proven to increase motion in all planes including flexion
- Can stretch internal rotation and in the scapular plane
- Treats primary or secondary shoulder stiffness
- Hydraulic mechanism provides a high-intensity stretch
- Staged protocol to first increase external rotation and then abduction
- Introduced in 2001

Range of Motion gains during use of Ermi Shoulder Flexionater



Average of 48 days of treatment. Sample size: External Rotation = 316; Abduction = 269; Flexion = 239; Internal Rotation = 130.

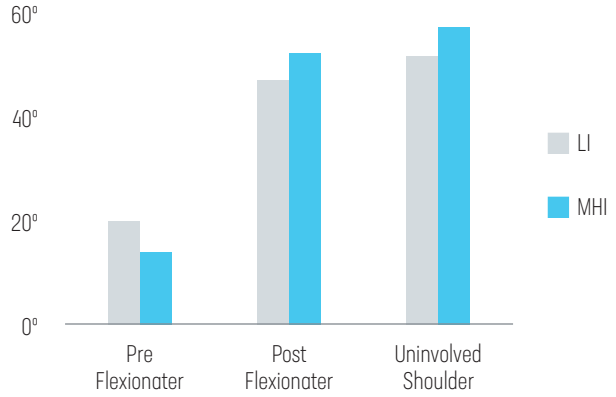


Clinically Proven to Recover Shoulder Motion without Surgery

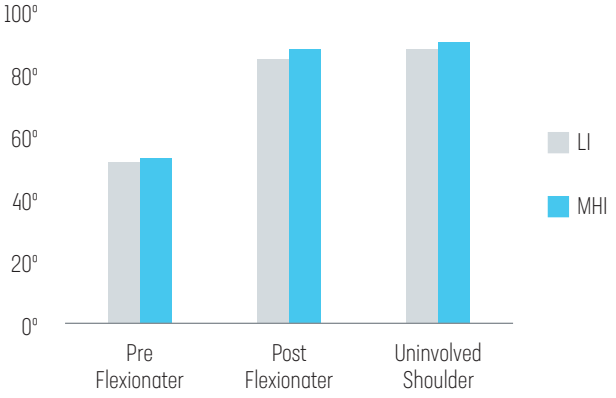
Study 1: Dempsey et al. 2011, Am J Phys Med Rehab

- A clinical study compared two groups of patients: Low irritability group versus moderate to high irritability group
- Both groups showed significant increases in ROM and outcomes after treatment with the Flexionater.
- Post-treatment ROM did not significantly differ between the treated shoulder and the uninvolved shoulder
- 97% of patients avoided additional surgery to treat motion loss
- The Ermi device is safe and effective regardless of irritability level

Glenohumeral External Rotation



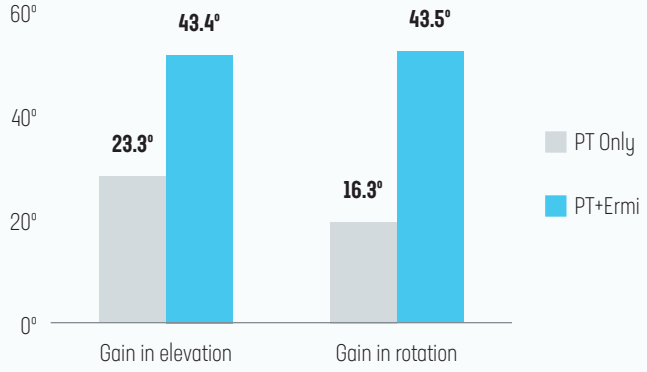
Glenohumeral Abduction

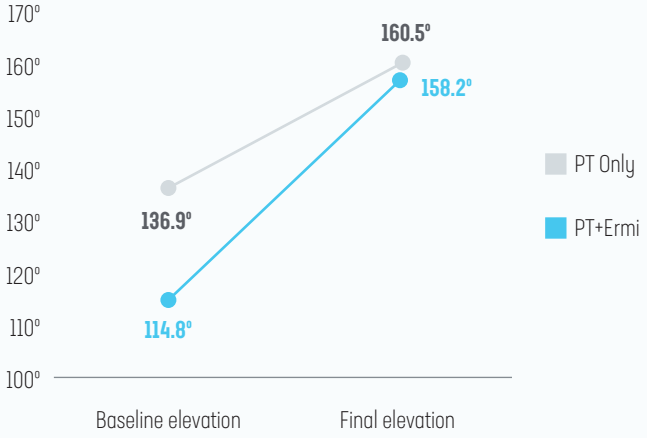


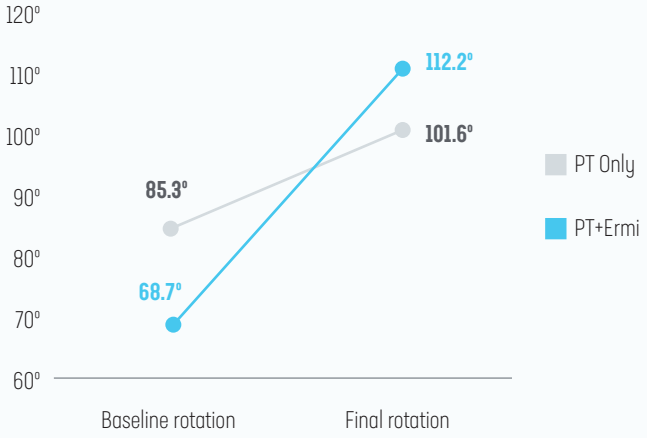
Ermi devices accelerate recovery in difficult patients

Study 2: Wolin et al. 2016, Annals of Phys Med Rehab

- Compared two groups of patients with postoperative adhesive capsulitis:
  1. Patients treated with PT alone
  2. Patients treated with PT + an Ermi device
- No difference in treatment time between the groups
- PT+Ermi patients began with significantly worse ranges of motion and finished with equivalent or greater motion.







We are passionate about rescuing patients from severe motion loss.

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